



Idaho Corporation Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300 For Office Use Only

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SOS Control I	Number: 467536	Filing Status: Inactive-D	Filing Status: Inactive-Dissolved (Administrative)		
General Business Corporation (D)		Date Formed: 03/24/200	04 Form	nation Locale: ID	
Name and Ma	iling Address: E HEALTH CLINIC, INC		(1) Add or Chan	ge Mailing Address:	
JERRY GARN 1210 E 17TH S IDAHO FALLS					AM R
Registered Ag JERRY K GAF 1210 E 17TH S IDAHO FALLS	RNER	red Office (RO) Address:	(2) Change RA a	and/or RO Address:	e Ceived
15, 110 17, 1220		jistered Office address must be a ph	ysical Idaho address	s (no postal box).	by Off
(3) New Regis	stered Agent (RA) Sign	ature:	item (2) above, the ne	w agent must sign here to accept	
(4) Corporations:	Enter names and business a	ddresses (with zip code) of the Presider	nt, Vice President, Se	cretary, Treasurer.	D
Title	Name	Business Address	ET lis	City, State, Zip	0
President	Jerry K Garne	r 1210 E 17 + 115T	MANUAL AND THE	Idaho Falls, II	83404
					D H
(5) Board of Direct	ctors names and business add	ress (with zip code). Attach additional	sheet ii necessary.		<u>D</u>
Name Bu		Business Address	<u> </u>	City, State, Zip	0 C
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(5) Signature:	Jerry K &	Jainer	(6) Date: 28	3 Jan 2025	0) ct 0)
(7) Type/Print Na		1 K Garner	(8) Title: \mathcal{D}_{V}	resident	it D